

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/937851** FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4		1		1		
5	0			1		
6	0			1		
7		1				
8			1			
9			1			
10				1		
11			1			
12			1			
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48						
49						
50						
TOTAL IND.		2				
TOTAL DEP.		18				
TOTAL CLAIMS		20				

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
52								
53								
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